

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

04-21-2003 90385 042 ***150.00

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DOCUMENT # N02000009124

1. Entity Name

GET REAL NOW INCORPORATED



Principal Place of Business
**6740 CROSSWINDS DRIVE NORTH
SUITE 1
SAINT PETERSBURG FL 33710**

Mailing Address
**6740 CROSSWINDS DRIVE NORTH
SUITE 1
SAINT PETERSBURG FL 33710**

55043636

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-3083133

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBINSON, ROSE MARIE
6740 CROSSWINDS DRIVE NORTH
SUITE 1
SAINT PETERSBURG FL 33710**

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rosemarie Robinson 7321 1st. Avenue S. St. Petersburg, FL 33701	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tammy N. Robinson 6740 Crosswinds Dr. N. 33710	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Scott M. Ramaglia 6740 Crosswinds Dr. St. Petersburg, FL 33710	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Louise King 1930 Sun Island Dr. #305 South Pasadena, FL 33710	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rosemarie Robinson

4/18/03

727-348770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)